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CHAPTER 134

INSURANCE

HOUSE BILL 95-1252

BY REPRESENTATIVES Reeves, Epps, Tucker, Kerns, Chlouber, DeGette, Hagedorn, Hernandez, Keller, Knox, Lamm, Linkhart, Lyle, Moellenberg, Nichol, Reeser, Sullivan, and Taylor;

also SENATORS Wham, Hopper, Wattenberg, Dennis, Gallagher, Johnson, Martinez, Pascoe, L. Powers, Rupert, Tanner, and Thiebaut

AN ACT

CONCERNING THE REIMBURSEMENT OF MAMMOGRAPHY SCREENING EXPENSES, AND, IN CONNECTION THEREWITH, CLARIFYING THAT COVERAGE SHALL BE PROVIDED FOR DIAGNOSTIC OR ROUTINE SCREENING EXPENSES IN CERTAIN INSTANCES.

Be it enacted by the General Assembly of the State of Colorado:

SECTION 1. The introductory portion to 10-16-104 (4) (a) and 10-16-104 (4) (a) (II), (4) (a) (III), and (4) (b), Colorado Revised Statutes, 1994 Repl. Vol., are amended to read:

10-16-104. Mandatory coverage provisions. (4) Low-dose mammography. (a) For the purposes of this subsection (4), "low-dose mammography" means the X-ray examination of the breast using equipment dedicated specifically for mammography, including but not limited to the X-ray tube, filter, compression device, screens, and film and cassettes, with an average radiation exposure delivery of less than one rad mid-breast, with two views for each breast. All individual and all group sickness and accident insurance policies, except supplemental policies covering a specified disease or other limited benefit, which are delivered or issued for delivery within the state by an entity subject to the provisions of part 2 of this article and all individual and group health care service or indemnity contracts issued by an entity subject to the provisions of part 3 or 4 of this article, as well as any other group health care coverage provided to residents of this state, shall provide coverage for ROUTINE AND CERTAIN DIAGNOSTIC screening by low-dose mammography for the presence of breast cancer in adult women. which coverage ROUTINE AND DIAGNOSTIC SCREENINGS PROVIDED PURSUANT TO SUBPARAGRAPH (II) OR (III) OF THIS PARAGRAPH (a) SHALL BE PROVIDED ON A CONTRACT YEAR OR A CALENDAR YEAR BASIS by entities subject to part 2 or 3 of this article AND shall not be subject to policy deductibles.

Capital letters indicate new material added to existing statutes; dashes through words indicate deletions from existing statutes and such material not part of act.

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Such coverage COVERAGES shall be the lesser of sixty dollars per mammography screening, or the actual charge for such screening. The minimum benefit required under this subsection (4) shall be adjusted to reflect increases and decreases in the consumer price index. BENEFITS FOR ROUTINE MAMMOGRAPHY SCREENINGS SHALL BE DETERMINED ON A CALENDAR YEAR OR A CONTRACT YEAR BASIS, WHICH SHALL BE SPECIFIED IN THE POLICY OR CONTRACT. Such benefit THE ROUTINE AND DIAGNOSTIC COVERAGES PROVIDED PURSUANT TO THIS SUBSECTION (4) shall in no way diminish or limit diagnostic benefits otherwise allowable under a policy. IF AN INSURED PERSON WHO IS ELIGIBLE FOR A ROUTINE MAMMOGRAPHY SCREENING BENEFIT PURSUANT TO SUBPARAGRAPHS (I), (II), AND (III) OF THIS PARAGRAPH (a), HAS NOT UTILIZED SUCH BENEFIT DURING A CALENDAR YEAR OR A CONTRACT YEAR, THEN SUCH PROVISIONS SHALL APPLY TO ONE DIAGNOSTIC SCREENING FOR SUCH YEAR. IF MORE THAN ONE DIAGNOSTIC SCREENING IS PROVIDED FOR SUCH PERSON IN A GIVEN CALENDAR YEAR OR CONTRACT YEAR, THE OTHER DIAGNOSTIC SERVICE BENEFIT PROVISIONS IN THE POLICY OR CONTRACT SHALL APPLY WITH RESPECT TO SUCH ADDITIONAL SCREENINGS. This mandated mammography coverage shall be provided according to the following guidelines:

- (II) Screening not less than once every two CALENDAR YEARS OR CONTRACT years for women forty years of age and under fifty years of age, AS SPECIFIED IN THE INSUREDS POLICY OR CONTRACT, but at least once a EACH SUCH CALENDAR YEAR OR CONTRACT year for women A WOMAN with risk factors to breast cancer as determined by her physician for an entity subject to part 2 or 3 of this article, or as determined by a participating physician for an entity subject to part 4 of this article;
- (III) Annual screening, ON A CALENDAR YEAR OR CONTRACT YEAR BASIS, for women who are fifty to sixty-five years of age.
- (b) The requirements of this section shall apply to all individual sickness and accident insurance policies and health care service or indemnity contracts issued on or after July 1, 1992 JULY 1, 1995, and to all group accident and sickness policies and group health care service or indemnity contracts issued, renewed, or reinstated after July 1, 1992 JULY 1, 1995.
- **SECTION 2.** 25-4-1502 (1) and (5), Colorado Revised Statutes, 1989 Repl. Vol., are amended, and the said 25-4-1502, as amended, is further amended BY THE ADDITION OF A NEW SUBSECTION, to read:
- **25-4-1502. Definitions.** As used in this part 15, unless the context otherwise requires:
 - (1) "Asymptomatic" means exhibiting no external symptoms of disease.
- (3.5) "DIAGNOSTIC SCREENING" MEANS THE USE OF PROCEDURES INCLUDING PHYSICAL EXAMINATIONS, RADIOLOGIC IMAGING, SURGICAL TECHNIQUES, AND ANY NEW TECHNOLOGIES APPROVED BY THE BOARD FOR DETECTING WHETHER ABNORMALITIES OF THE BREAST ARE MALIGNANT OR BENIGN.
- (5) "Screening" means the conduct of physical examinations, visual inspections, or other medical tests exclusively for the purpose of ascertaining the existence of any physiological abnormality which might be indicative of the presence of disease.

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"Screening" does not include any testing or examination for the purposes of diagnosis or treatment. "SCREENING" INCLUDES DIAGNOSTIC SCREENING SERVICES.

- **SECTION 3.** 25-4-1504 (1) (a), Colorado Revised Statutes, 1989 Repl. Vol., as amended, is amended, and the said 25-4-1504 (1) is further amended BY THE ADDITION OF A NEW PARAGRAPH, to read:
- **25-4-1504. Allocation of fund.** (1) All moneys in the fund shall be used by the department for the following purposes:
- (a) The creation and development of a breast cancer screening program, undertaken by private contract for services or operated by the department, that will improve the availability of breast cancer screening and which may include the purchase, maintenance, and staffing of a truck, a van, or any other vehicle suitably equipped to perform breast cancer screening; for asymptomatic women; and
- (a.5) TO PROVIDE SUCH FURTHER BREAST CANCER DIAGNOSTIC SCREENING SERVICES, AS MAY BE INDICATED;
- **SECTION 4.** 25-4-1505 (4), Colorado Revised Statutes, 1989 Repl. Vol., is amended to read:
- 25-4-1505. Powers and duties of the department and the advisory board. (4) The department may adopt a schedule of fees to be charged for breast cancer screening. The schedule of fees shall be determined so as to make such screening available to the largest possible number of asymptomatic women. The department shall, where practical, collect any available insurance proceeds or other reimbursement payable on behalf of any recipient of a breast cancer screening under this part 15 and may adjust the schedule of fees to reflect insurance contributions. All fees collected shall be credited to the fund.
- **SECTION 5. Effective date applicability.** This act shall take effect July 1, 1995, and shall apply to contracts entered into on and after said date.
- **SECTION 6. Safety clause.** The general assembly hereby finds, determines, and declares that this act is necessary for the immediate preservation of the public peace, health, and safety.

Approved: May 16, 1995